
**DEPARTMENT
POLICY****FIP, RCA and SDA Only**

Financial eligibility is documented for each FIP/RCA/SDA group in data collection and eligibility results in Bridges.

Documentation of financial eligibility is required at application, re-determination and when program policy requires a budget (see BEM 505, 515). Documentation must reflect the group's current financial eligibility status.

The remainder of this item covers the completion of the DHS-1172 for the FIP, RCA and SDA programs. The budget calculations are automatically completed as part of the eligibility determination and benefit calculation in Bridges and an automated budget worksheets are displayed in eligibility summary. In addition, hyperlinks can be used to view individual income and asset details.

Bridges applies all of the following rules when computing a FIP/RCA/SDA budget:

- Drop cents before entering any amount used to compute the **grant** on the worksheet.
- If an entry on the worksheet is the result of a computation using other amounts that do not appear on the worksheet, cents are included in the computation and dropped from only the final result which is entered on the form.
- When the result of a computation is a negative number, a zero is entered on the worksheet.
- Cents amounts are included when computing recouped, vendored and benefit amounts.
- All amounts entered on the worksheet are monthly amounts unless otherwise specified in the instructions.
- Only countable, available income and assets, as defined in BEM 400, 500, 505 and 518, are entered on the worksheet.

The absence of an entry on any worksheet line in sections A-J is considered to represent an entry of zero. However, zero may be entered whenever appropriate.

**DHS-1172
COMPLETION
INSTRUCTIONS**

Use these instructions if it is necessary to complete a budget worksheet manually.

ID Block:

Case Name - Enter the name of the grantee.

Case Number - Enter the group's assigned number.

Benefit Mo/Yr - Enter the month and year of the benefit month the worksheet being completed for.

County/Dist/Section/Unit/Specialist - Enter the load number.

Program - Check off the program type.

Process - Check off the budgeting process type.

Group Size - Enter the number of persons in the FIP/SDA eligible group. Include eligible children who are **not** immunized.

**Section A; Cash
Assets****FIP, RCA and SDA Only - See BEM 400**

1. Enter the countable amount of all checking accounts.
2. Enter the countable amount of all savings accounts.
3. Enter the countable amount of all other cash.
4. Enter the sum of lines 1, 2 and 3.
5. Enter the program's asset limit.

**Section B;
Payment Standard****FIP, RCA and SDA Only - See BEM 515**

1. **SDA-SLA Only** - Enter the monthly rate for the SLA and level of care. See RFT 235.
2. **SDA-SLA Only** - Enter the SLA Incidentals allowance. See RFT 235.
3. **SDA-SLA Only** - Add the amounts on lines 1 and 2 and enter the sum.

4. **FIP/RCA/SDA-Independent only** - Enter the amount of the payment standard for this group's program, eligible group size and grantee status or living arrangement. See RFT 210 or 225.
5. **Immunization Penalty (FIP Only)** - Enter the amount on line 4 less the amount of the immunization penalty, if the group is subject to it.
6. **Employment-related activities Penalty** - Not used.
7. **Other** - Not used.

Section C; Program Income Calculation

FIP, RCA and SDA Only - See BEM 518.

1. Enter the total amount from line J1.
2. Enter the total amount from line J2.
3. Enter the total amount from line J4.
4. Subtract the amounts on lines 2 and 3 from the amount on line 1 and enter the result.
5. Enter the total amount from lines J6 and J7.
6. Enter the amount of child support exclusion group is eligible for. See BEM 518.
7. Enter the total amount from line J8.
8. Subtract the amount on line 6 from line 5. Add the result to the amount on line 7 and enter the result.
9. Add the amounts on lines 4 and 8 and enter the sum.
10. Enter the amount of child support paid by the program group to dependents outside the group.
11. **SDA Independent Living Only** - If both spouses are in the program group but only one is eligible deduct \$149 from the program group's countable income.
12. Subtract the amounts on line 10 and line 11 (SDA only) from the amount on line 9 and enter the result.

**Section D; Deficit
Calculation****FIP, RCA and SDA Only**

1. Enter the smaller amount from line B3 (SDA-SLA), B4 or B5.
2. Enter the amount from C12.
3. FIP/RCA/SDA-Independent Living

Subtract the amount on line 2 from the amount on line 1 and enter the result.

SDA-SLA:

Subtract the amount on line 2 from the amount on line 1. If the result is less than the amount on line B2, enter the result. If the result is greater than the amount on line B2, enter the amount on line B2.

**Section E; Child
Support Income
Test****FIP Only**

1. Add the amount of gross monthly certified support (include the amount **to be** certified) to the amount on line J7 and enter the result.
2. Enter the amount of child support exclusion the group is eligible to receive. Enter the lesser of the amount on line 1 or \$50.
3. Add the amounts on lines C4 and C7. Subtract the amount on line C10 and enter the result.
4. Add the amounts on line 1 and 3, then subtract the amount on line 2 and enter the result.

**Section F; Benefit
Calculation****FIP, RCA and SDA Only**

1. Enter the amount from line D3.
2. Enter the amount of administrative recoupment.
3. Subtract the amount on line 2 from the amount on line 1 and enter the result.

**Section G; Early
Payment
Calculations****FIP, RCA and SDA Only**

1. Divide the amount on line F1 by two and enter the result.
2. Enter 1/2 the monthly amount of administrative recoupment (F2).
3. Enter 1/2 the monthly amount vendored to shelter providers.
4. Enter 1/2 the monthly amount vendored to the heat-and-electric-together provider.
5. Enter 1/2 the monthly amount vendored to the heat-only provider.
6. Enter 1/2 the monthly amount vendored to the electric-only provider.
7. Subtract the amounts on lines 2, 3, 4, 5 and 6 from the amount on line 1 and enter the result.

**Section H;
Over/Under
Issuance****FIP, RCA and SDA Only - See BAM 405/700.**

1. Enter the correct amount of the benefit for the month.
2. Enter the actual benefit amount for the month.
3. Subtract the amount on line 2 from the amount on line 1 and enter the result.

**Section I;
Countable Income
for Food
Assistance****FIP, RCA and SDA Only - See BEM 550.**

1. Enter the amount from line D3.
2. Enter an amount if recoupment is **not** due to IPV.
3. Subtract the amount on line 2 from the amount on line 1 and enter the result.

4. If group is subject to an immunization penalty enter \$25, if not enter \$0.
5. Add the amounts on lines 3 and 4 and enter result.

Section J; Income and Disregards

FIP, RCA and SDA Only - See BEM 518.

Names - Enter the name of each program group member with countable, available income.

1. Enter each member's countable gross monthly earned income. Then add all amounts for all persons that appear on line 1 and enter the sum in the last column.
2. For each member with earnings enter the lesser of \$200 or the amount on line 1.

For all others, enter zero.

Then add all amounts for all persons that appear on this line and enter the sum in the last column.

3. Subtract the amount on line 2 from the amount on line 1 and enter the result.
4. For each member with earnings on line 3 multiply the amount on line 3 by 0.2, drop any cents and enter the result.

For all others, enter zero.

Then add all amounts for all persons that appear on this line and enter the sum in the last column.

5. Subtract the amount on line 4 from the amount on line 3. Enter the result.
6. **FIP Application Only** - Enter the amount of child support that will be retained by the client in the benefit month due to the delay in certification. Then add all amounts for all persons that appear on this line and enter the sum in the last column.
7. Enter the amount of voluntary child support income that cannot be certified. Then add all amounts for all persons that appear on this line and enter the sum in the last column.

8. Enter the members' countable gross monthly unearned income. Then add all amounts for all persons that appear on this line and enter the sum in the last column.

LEGAL BASE

FIP

P.A. 280 of 1939, as amended

RCA

45 CFR 400.66

SDA

DHS Annual Appropriations Act
Michigan Administrative Code; R 400.3151 – 400.3180